

PROBABLE CAUSE AFFIDAVIT/ARREST/NOTICE TO APPEAR

16-1260

OBTS Number		1 Arrest Affidavit 2 Notice to Appear		3 Complaint Affidavit 4 Request for Capias		1 Juvenile <input checked="" type="checkbox"/> N	
Agency ORI FL0030100		Panama City Police				Agency Report Number 16-04398	
Charge Type 1. Felony 3. Misdemeanor 5. Ordinance 2. Traffic Felony 4. Traffic Misdemeanor 6. Other		1		Co-Defendant NONE			
Location of Arrest (Include Name of Business) 1209 E. 15th Street; Panama City PD				Location of Offense 531 Palermo Rd, Panama City, FL 32405			
Arrest Date 03/30/2016	Arrest Time 12:30am	Cases Cleared 1	Weapons Seized/Type 1. Yes 2. NO 2	Domestic Violence 1. Yes 2. NO 1	Arresting Officer Det. C. Clark	Officer ID 1312	
Defendant's Name (Last, First Middle) Elrod Shonda Inez					Scars, Marks, Tattoos		
Address (Street, Apt Number) 531 Palermo Rd		City Panama City		State Florida		Zip 32405	
Business Address (Name, Street)		City		State		Zip	
Social Security Number [REDACTED]	RACE W	SEX F	Date of Birth 07/12/1978	Age 37	Height 5'5	Weight 250	Eyes HAZ
Hair Color Blond		Complexion Fair					
Driver's License State/Number Florida E463789787520		INS Number		Place of Birth Florida		Citizenship United States	
Build Heavy							
Occupation Correctional Officer		Residence Type 1 City 3 Florida 2 County 4 Out of State 1		Indication of Alcohol Influence 1 Yes 2 No 8 Unk 2		Indication of Drug Influence 1 Yes 2 No 8 Unk 2	
Juvenile's Parents/Custodian Name (Last, First Middle)					Residence Phone		
Address (Name, Street)					City		
					State		
					Zip		
					Florida		
Notified By (Name)		Date		Time		Juvenile Disposition 1. handles/Processed Within Dept. and Released 2. Turned Over to HRS/CYF 3. Incarcerated (County Jail)	
Released To (Name)		Relationship		Date		Time	
Drug Activity P-Possess S-Sell B-Buy T-Traffic M-Manufacture/Produce/Cultivate R-Smuggle D-Deliver E-Use K-Dispense/Distribute Z-Other		Drug Type A-Amphetamine B-Barbiturate C-Cocaine E-Heroin H-Hallucinogen M-Marijuana O-Opium/Derivative P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other					
Charge Child Abuse	Counts 1	Statute 827.03		Violation of Section (ORD)		Activity	Type
Charge	Counts	Statute		Violation of Section (ORD)		Activity	Type
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law:</p> <p>On March 29, 2016, at 531 Palermo Road, Panama City, Bay County, FL 32405, the named Defendant knowing, willingly and intentionally committed the act(s) of child abuse. The Defendant confronted the fifteen year old child victim about a single dirty dish. The Defendant became angry and maliciously and intentionally grabbed the child Victim's throat and pushed her against a door in the kitchen. For a brief moment the child Victim's normal air flow was impeded. The Victim attempted to push the Defendant away from her, and the Defendant pushed the child Victim onto the floor. Once the Victim stood up, the Defendant cornered the Victim in the kitchen where the Victim was unable to escape. The Defendant began to record herself, on her cellphone, while she got within inches of the Victim's face and yelling at her. The child is obviously in mental distress and is blocking her face and body from possible physical harm. The Defendant is dating the Victim's adoptive mother and lives with them as a family. The Defendant's actions were in violation of F.S.S. 827.03.</p>							
Pursuant to F.S.S. 938.27, The investigative cost incurred by this agency is 150.00							
<input checked="" type="checkbox"/> Mandatory Appearance in court		Location (Court, Room Number, Address)					
		Time Month Day Year					
		Time <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							
Signature of Defendant/Juvenile and Parent of Custodian				Date			
Victim's name (Last, First, Middle)				NOTARY SEAL			
Victim's Address 531 Palermo Road Panama City Florida 32405				<p>FILED</p> <p>28 MAR 30 A 8:16</p> <p>BILL KIRSBAUL CLERK OF COURT FLORIDA</p>			
I swear/affirm the above and attached statements are true and correct				Sworn to and subscribed before me, the undersigned authority this			
Complainant's Signature [Signature]				30 day of March 20 16			
Name (Printed) Det. C. Clark				I.D. No./Dist. 1312			
				Name/Title of Person Authorized to Administer Oath #514			